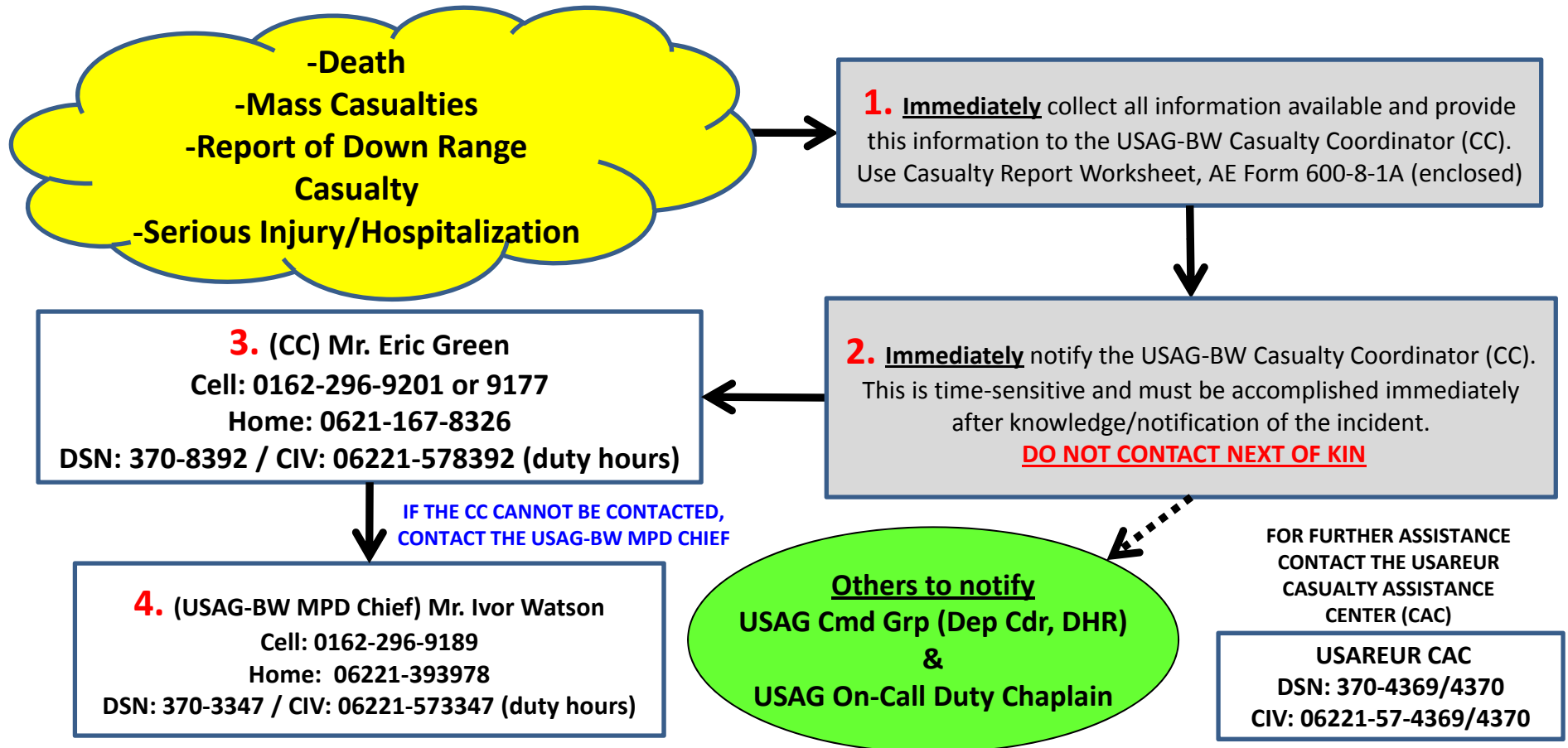


USAG Baden-Wuerttemberg (Heidelberg and Mannheim)

CASUALTY REPORTING / NOTIFICATION PROCESS

When notified or have knowledge of the following incidents occurring to Service Members, DoD Civilians, Family Members or Retirees, follow the steps below to ensure proper notification



NOTE: UNDER NO CIRCUMSTANCES!!

Will anyone other than the Casualty Notification Officer attempt to contact the Next of Kin (To include chain of command)!!

CASUALTY REPORT WORKSHEET
(AE Reg 600-8-1)

Data required by the Privacy Act of 1974

Authority: 10 USC 1475-1481 and 44 USC 3101.

Purpose(s): Information is used by HQDA to settle personal affairs and financial accounts.

Routine use(s): Information is used by HQDA but may also be used by other Government agencies and selected agencies such as insurance companies or banks.

Disclosure: Voluntary. However, if the information is not provided, a delay in receiving benefit entitlements may be experienced.

Report submitted by (name, grade, unit, and telephone number)

SECTION I — To be completed for all casualties

Report type <input type="checkbox"/> Initial <input type="checkbox"/> Supplemental <input type="checkbox"/> Status change <input type="checkbox"/> Progress		Casualty status <input type="checkbox"/> Deceased <input type="checkbox"/> VSI <input type="checkbox"/> SI <input type="checkbox"/> NSI <input type="checkbox"/> SPEINT <input type="checkbox"/> SPECAT	
Casualty type <input type="checkbox"/> Hostile <input type="checkbox"/> Nonhostile			
Name (last, first, middle)		SSN	Grade (not applicable for Family members)
Category of individual <input type="checkbox"/> Military <input type="checkbox"/> Retired <input type="checkbox"/> Civilian <input type="checkbox"/> Family member			
Component (not applicable for Family members)		<input type="checkbox"/> RA <input type="checkbox"/> USAR <input type="checkbox"/> ARNG	
Religious preference		Received religious ministration <input type="checkbox"/> Yes <input type="checkbox"/> No	
Organization (not applicable for retirees or Family members)		Station	UIC
Race <input type="checkbox"/> Black <input type="checkbox"/> Red <input type="checkbox"/> Yellow <input type="checkbox"/> Other			
Date of birth	City of birth	State of birth	Country of birth
Duty MOS		Died in medical treatment facility <input type="checkbox"/> Yes <input type="checkbox"/> No	
Home of record	City	State	
Incident	Date	Place of incident	
		City	
	Time	State	
		Country	
Death	Date	Place of death	
		City	
	Time	State	
		Country	
Circumstances			
Inflicting forces (only for hostile casualties) <input type="checkbox"/> Enemy <input type="checkbox"/> Allied <input type="checkbox"/> U.S. <input type="checkbox"/> Unknown			

